

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification



B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

1 L D 0 5 5 4 3 5 8 9 5

## II. Name of Installation (Include company and specific site name)

S M I T H I N V E S T M E N T C O M P A N Y

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

7 2 5 C O L U M B I A A V E N U E

Street (Continued)

City or Town

B E L V I D E R E

State

I L

Zip Code

6 1 0 0 8

County Code

County Name

B O O N E

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P. O. B O X 2 4 5 0 1 1

City or Town

M I L W A U K E E

State

W I

Zip Code

5 3 2 2 4 - 9 5 1 1

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

U L R I C H

(First)

W E S L E Y

Job Title

V I C E P R E S I D E N T

Phone Number (Area Code and Number)

4 1 4 - 3 5 9 - 4 0 4 7

## VI. Installation Contact Address (See Instructions)

A. Contact Address Location

Mailing



B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

S M I T H I N V E S T M E N T C O M P A N Y

Street, P.O. Box, or Route Number

P. O. B O X 2 4 5 0 1 1

City or Town

M I L W A U K E E

State

W I

Zip Code

5 3 2 2 4 - 9 5 1 1

Phone Number (Area Code and Number)

4 1 4 - 3 5 9 - 4 0 4 7

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

Ch  
3/2/00

ID - For Official Use Only

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)**

**A. Hazardous Waste Activity**

**B. Used Oil Recycling Activities**

1. Generator (See Instructions)
  - ☐ a. Greater than 1000kg/mo (2,200 lbs.)
  - ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
  - ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
  - ☐ a. For own waste only
  - ☐ b. For commercial purposes
- Mode of Transportation
  - ☐ 1. Air
  - ☐ 2. Rail
  - ☐ 3. Highway
  - ☐ 4. Water
  - ☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
4. Hazardous Waste Fuel
  - ☐ a. Generator Marketing to Burner
  - ☐ b. Other Marketers
  - ☐ c. Boiler and/or Industrial Furnace
    - ☐ 1. Smelter/Deferral
    - ☐ 2. Small Quantity Exemption
  - Indicate Type of Combustion Device(s)
    - ☐ 1. Utility Boiler
    - ☐ 2. Industrial Boiler
    - ☐ 3. Industrial Furnace
5. Underground Injection Control

1. Used Oil Recycling Marketer
  - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
  - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
  - ☐ a. Utility Boiler
  - ☐ b. Industrial Boiler
  - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
  - ☐ a. Transporter
  - ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
  - ☐ a. Process
  - ☐ b. Re-refine

**IX. Description of Regulated Wastes (Use additional sheets if necessary)**

**A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)**

- |                          |                          |                          |                            |  |
|--------------------------|--------------------------|--------------------------|----------------------------|--|
| 1. Ignitable (D001)      | 2. Corrosive (D002)      | 3. Reactive (D003)       | 4. Toxicity Characteristic | (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | _____  |

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)**

1 F002	2	3	4	5	6
7	8	9	10	11	12

**C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)**

1	2	3	4	5	6
---	---	---	---	---	---

**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

*Wesley A. Ulrich*

Name and Official Title (Type or print)

Wesley A. Ulrich, Vice President & CFO

Date Signed

2/10/00

**XI. Comments**

MAR 02 2000

RCRA RECORDS ROOM

Waste, Pesticides & Toxics Division

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

1 L D 0 5 5 4 3 5 8 9 5

## II. Name of Installation (Include company and specific site name)

S M I T H I N V E S T M E N T C O M P A N Y

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

7 2 5 C O L U M B I A A V E N U E

Street (Continued)

City or Town

B E L V I D E R E

State

I L

Zip Code

6 1 0 0 8 -

County Code

County Name

B O O N E

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P. O. B O X 2 4 5 0 1 1

City or Town

M I L W A U K E E

State

W I

Zip Code

5 3 2 2 4 - 9 5 1 1

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

U L R I C H

(First)

W E S L E Y

Job Title

V I C E P R E S I D E N T

Phone Number (Area Code and Number)

4 1 4 - 3 5 9 - 4 0 4 7

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

S m i t h I n v e s t m e n t C o m p a n y

Street, P.O. Box, or Route Number

P. O. B O X 2 4 5 0 1 1

City or Town

M i l w a u k e e

State

W I

Zip Code

5 3 2 2 4 - 9 5 1 1

Phone Number (Area Code and Number)

4 1 4 - 3 5 9 - 4 0 4 7

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)  
Month Day Year

3 / 2 / 00

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1
F002
7

2
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Wesley A. Ulrich

Name and Official Title (Type or print)

Wesley A. Ulrich, Vice President &amp; CFO

Date Signed

2/10/00

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	ILD055435895
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	<del>BELVEDERE PRODUCTS INC</del> Belvedere Company Inc <del>725 COLUMBIA AVE</del> P.O. Box 5407 <del>BELVIDERE, IL 61008</del> Rockford, IL 61125
III. LOCATION OF INSTALLATION	725 COLUMBIA AVE BELVIDERE, IL 61008

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

COMMENTS	
INSTALLATION'S EPA I.D. NUMBER	
APPROVED	
DATE RECEIVED (yr., mo., & day)	
F I L D 0 5 5 4 3 5 8 9 5	
A	
8 0 0 9 0 3	
I. NAME OF INSTALLATION	
B E L V E D E R E C O M P A N Y I N C .	
II. INSTALLATION MAILING ADDRESS	
STREET OR P.O. BOX	
P . O . B O X 5 4 0 7	
CITY OR TOWN	
R O C K F O R D	
ST.	
I L	
ZIP CODE	
6 1 1 2 5	
III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
7 2 5 C O L U M B I A A V E N U E	
CITY OR TOWN	
B E L V I D E R E	
ST.	
I L	
ZIP CODE	
6 1 0 0 8	
IV. INSTALLATION CONTACT	
NAME AND TITLE (last, first, & job title)	
J O H N S O N D O U G L A S P L A N T S U P T .	
PHONE NO. (area code & no.)	
8 1 5 - 5 4 4 - 3 1 3 1	
V. OWNERSHIP	
A. NAME OF INSTALLATION'S LEGAL OWNER	
S M I T H I N V E S T M E N T C O M P A N Y	
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	
F = FEDERAL M = NON-FEDERAL	
M	
VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
<input checked="" type="checkbox"/> A. GENERATION	
<input type="checkbox"/> B. TRANSPORTATION (complete item VII)	
<input type="checkbox"/> C. TREAT/STORE/DISPOSE	
<input type="checkbox"/> D. UNDERGROUND INJECTION	
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))	
<input type="checkbox"/> A. AIR	
<input type="checkbox"/> B. RAIL	
<input type="checkbox"/> C. HIGHWAY	
<input type="checkbox"/> D. WATER	
<input type="checkbox"/> E. OTHER (specify):	
VIII. FIRST OR SUBSEQUENT NOTIFICATION	
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.	
<input type="checkbox"/> A. FIRST NOTIFICATION	
<input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	
C. INSTALLATION'S EPA I.D. NO.	
I L D 0 5 5 4 3 5 8 9 5	
IX. DESCRIPTION OF HAZARDOUS WASTES	

Please go to the reverse of this form and provide the requested information.

S	W	I	L	D	0	5	5	4	3	5	8	9	5	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1	F 0 0 2	F 0 0 6	F 0 0 7	F 0 0 8	F 0 0 9
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

*Douglas Johnson*

Plant Superintendent

7/1/80



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD055435895

REACKNOWLEDGEMENT

BELVEDERE COMPANY INC  
PO BOX 5407  
ROCKFORD

IL 61125

INSTALLATION ADDRESS

725 COLUMBIA AVENUE  
BELVIDERE

IL 61008

**BELVEDERE**

SALES SERVICE  
BELVEDERE COMPANY INC.  
P.O. BOX 5407  
ROCKFORD, ILLINOIS 61125  
PHONE 815-544-3131

January 28, 1981

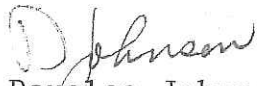
District Director  
USEPA Waste Management Branch  
230 South Dearborn  
Chicago, Illinois 60604

Gentlemen:

Pursuant to our telephone discussion of January 21, 1981, enclosed you will find our 1980 annual report of hazardous waste activity. The forms have been copied from our guide books since you indicated that the forms you normally send out have not been approved yet.

We hope that the information supplied is satisfactory and suitable for your purposes.

Yours very truly,



Douglas Johnson  
Plant Superintendent  
cf  
Enclosure

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

EPA Form 8700-13 (5-80)

## HAZARDOUS WASTE MANAGEMENT GUIDE

Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY			
GENERATOR ANNUAL REPORT - PART A		(Collected under the authority of Section 3002 of RCRA.)			
FOR OFFICIAL USE ONLY (Items 1 and 2)	I. DATE RECEIVED	X. GENERATOR'S EPA I.D. NO.			
	II. TYPE OF REPORT	G I L D O 5 5 4 3 5 8 9 5 I			
XI. FACILITY'S EPA I.D. NO.		XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)			
I L D O 7 4 5 8 3 4 0 2		2639 Sewell Street Rockford, IL 60125			
XII. FACILITY NAME (specify)					
McKesson Chemical Co.					
XIV. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZ- ARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)	D. AMOUNT OF WASTE	E. TYPE OF WASTE (see instructions)
1	Trichloroethylene		F 0 0 1	76 0 0	P
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XV. COMMENTS (enter information by line number - see instructions)					

## HAZARDOUS WASTE MANAGEMENT GUIDE

Please print or type with ELITE type (12 characters/inch).

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERATOR ANNUAL REPORT - PART A (Collected under the authority of Section 3002 of RCRA.)									
FOR OFFICIAL USE ONLY (Items 1 and 2)		1. DATE RECEIVED				X. GENERATOR'S EPA I.D. NO.					
		2. TYPE OF REPORT				GILDO55435895				7A C 1	
XI. FACILITY'S EPA I.D. NO.				XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)							
ILDO45063450				P.O. Box 158 Sheffield, IL 61361							
XII. FACILITY NAME (specify)											
U. S. Ecology-Sheffield Site											
XIV. WASTE IDENTIFICATION											
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)				D. AMOUNT OF WASTE				E. ESTIMATED YEAR OF FIRST SHIPMENT
			10	11	12	13	14	15	16	17	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
XV. COMMENTS (enter information by line number - see instructions)											
No shipments made to this site in 1980											

EPA Form 8700-13A (5-80)

BILLING CODE 6560-01-C

PAGE 3 OF 3

---

# SMITH INVESTMENT COMPANY

---

P.O. BOX 23976, MILWAUKEE, WISCONSIN 53223-0976 • (414) 359-4030

December 18, 1998

Mr. Gerald Philips  
U. S. Environmental Protection Agency  
77 West Jackson Boulevard  
Chicago, Illinois 60604

Reference: Preliminary Assessment/Visual Site Inspection Report  
for Belvedere Company, Belvidere, Illinois  
EPA ID No. ILD055435895  
Prepared by TechLaw, Inc., August 21, 1998

Dear Mr. Philips:

As a follow-up to our telephone conversation concerning the subject report, we are providing the following corrections so as to provide a more valid assessment of any environmental risks at the subject site.

The comments/corrections below are in page number sequence:

Page I-1

The concrete pad and contaminated soil beneath the unit were excavated in 1998.

Page II-1

The Belvedere facility is located at 725 Columbia Avenue.

Belvedere purchased the site in 1927 and began conducting enameling operations.

Page II-2

A Safety Kleen Parts Washer is located in the maintenance department of the facility.

Lead dust is not used at the facility. Enamel powder is utilized within the facility. Analysis of this material is attached.

Belvedere no longer uses TCE at the site. No TCE wastes are generated.

Cast iron dust is generated from Bronco shot cleaning operations.

Approximately one to two 55-gallon drums of waste oil are generated annually.

Plating department was closed in 1993 and cleaned up. No plating wastes are generated at the site.

Wet paint line was closed down in 1989. Powder painting was discontinued in 1993. No paint tank stripper waste (D007), 1700 thinner waste (F003) or paint stripper waste (F005) is generated at the site.

A number of the above listed errors were repeated in subsequent pages of the report.

Please ensure that anyone reviewing the subject report also is provided a copy of this letter.

Sincerely,

SMITH INVESTMENT COMPANY



Wesley A. Ulrich  
Secretary & Treasurer

WAU:sl

cc: Mr. Jim Moore, Illinois Bureau of Land – Springfield, Illinois

Fax 1-219-322-0440

WO #: 23-1679

Certified by:

Paul G. Burk

**Fax 1-219-322-0440**

NO # 23-1679

AA29462

U00597-570-06

PARAMETERS:↓

Certified by

Carl L. Linderoth

## TENCO ENVIRONMENTAL LABORATORIES

1150 Junction Avenue - Schererville, Indiana 46375

1-219-322-2560 • 1-800-428-3311

Fax 1-219-322-0440

REPORT TO:  
Sue Mannis  
SET Environmental Inc  
450 Sumac Road  
Wheeling, IL 60090

Date: 11/18/91

Recd: 10/29/91

WO #: 23-1679

Belvedere Co.

Laboratory Smp ID No.:	AA29462						
DESCRIPTION: —> (Unless otherwise noted; results in parts per million - ppm) PARAMETERS: ↓	Enamel Powder				Detection Limits	Regulatory Level (mg/L)	EPA HW Number
	U00597-570-06						
VOLATILES-ZHE ORGANICS*							
Benzene	ND				0.002 ppm	0.5	D018
Carbon Tetrachloride	ND				0.002 ppm	0.5	D019
Chlorobenzene	ND				0.002 ppm	100.0	D021
Chloroform	ND				0.002 ppm	6.0	D022
1,2-Dichloroethane	ND				0.002 ppm	0.5	D028
1,1-Dichloroethylene	ND				0.002 ppm	0.7	D029
Methyl Ethyl Ketone	ND				0.002 ppm	200.0	D035
Tetrachloroethylene	ND				0.002 ppm	0.7	D039
Trichloroethylene	ND				0.002 ppm	0.5	D040
Vinyl Chloride	ND				0.002 ppm	0.2	D043

\*ZHE=Zero Headspace Extraction  
ND=Not Detected

Certified by:



## TENCO ENVIRONMENTAL LABORATORIES

1150 Junction Avenue - Schererville, Indiana 46375

1-219-322-2560 • 1-800-428-3311

Fax 1-219-322-0440

## REPORT TO:

Sue Mannis  
SET Environmental Inc  
450 Sumac Road  
Wheeling, IL 60090

Date: 11/18/91

Recd: 10/29/91

WO #: 23-1679

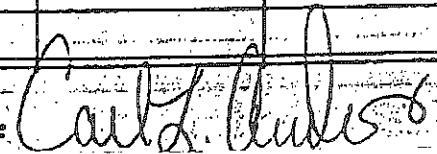
Belvedere Co.

Laboratory Smp ID No.:	AA29462						
DESCRIPTION: —> (Unless otherwise noted; results in parts per million - ppm) PARAMETERS: v	Enamel Powder				Detection Limits	Regulatory Level (mg/L)	EPA HW Number
	U00597-570-06						
SEMI-VOLATILES-TCLP ORGANICS*							
Cresol, total	ND				0.002 ppm	200.0	D026
1,4-Dichlorobenzene	ND				0.002 ppm	7.5	D027
2,4-Dinitrotoluene	ND				0.002 ppm	0.13	D030
Hexachlorobenzene	ND				0.002 ppm	0.13	D032
Hexachlorobutadiene	ND				0.002 ppm	0.5	D033
Hexachlorethane	ND				0.002 ppm	3.0	D034
Nitrobenzene	ND				0.002 ppm	2.0	D036
Pentachlorophenol	ND				0.002 ppm	100.0	D037
Pyridine	ND				0.002 ppm	5.0	D038
2,4,5-Trichlorophenol	ND				0.002 ppm	400.0	D041
2,4,6-Trichlorophenol	ND				0.002 ppm	2.0	D042

\*Analysis performed after Toxicity Characteristic Leaching Procedure (TCLP).

ND=Not Detected

Certified by:



belvedere

February 18, 1988

Ms. Sharon R. Travis  
U.S.E.P.A. Region 5  
230 S. Dearborn Street  
Chicago, Illinois 60604

U.S. E. P. A. REGION V  
WASTE MANAGEMENT DIVISION  
OFFICE OF THE DIRECTOR

RECEIVED  
FEB 23 1988

Attn: SHE-12

Dear Ms. Travis:

In regards to our violation of 40 CFR Part 268.7 (a)(1). This matter has been corrected, in the future all shipments of F-Solvent wastes will be accompanied by the applicable treatment standard when required.

I hope this is sufficient to satisfy your requirements. When our next shipment of hazardous waste F-Solvents goes out I will submit a copy of the manifest to show our compliance.

If you have any questions or if I can be of any more help, please feel free to call.

Sincerely,

*Daniel Z Hennig*

Dan Hennig  
Plant Superintendent  
ne

25 FEB 1988

Re: Notice of Violation  
Belvedere Company  
ILD 055 435 895

The United States Environmental Protection Agency (U.S. EPA) has reviewed the information which you submitted to this office on February 18, 1988. The stated actions appear to adequately address the land disposal restrictions deficiency outlined in our January 27, 1988, Notice of Violation.

Sincerely yours,

cc: H. Chappel, IEPA  
G. Savage, IEPA

5HS-12:STRAVIS:2/22/88:ea:

SHARON #3

5HS-12:STRAVIS-2/22/88:ea		SHARON-#3	
WHS	AUTHOR	OTHER	UNIT
SECRET	SECRET	SECRET	SECRET
<i>st 2-22-88</i> <i>st 2-22-88</i>		<i>P. 9.0</i> <i>2/22/88</i>	
		<i>ad</i> <i>2/23/88</i>	
		<i>Wey</i> <i>2/23/88</i>	

SHE-12

27 JAN 1988

Mr. John Bender  
Belvedere Company  
725 Columbia Avenue  
P.O. Box 5407  
Belvedere, Illinois 61125

Re: Notice of Violation  
Belvedere Company  
ILD 055 435 895

Dear Mr. Bender:

On September 25, 1987, the Illinois Environmental Protection Agency (IEPA), representing the U.S. Environmental Protection Agency (U.S. EPA), conducted a Resource Conservation and Recovery Act (RCRA) inspection of the above-referenced facility. The purpose of the inspection was to determine the compliance status of your facility with respect to the applicable hazardous waste management requirements of RCRA, including the Land Disposal Restrictions of certain spent solvents. The land disposal restrictions became effective on November 8, 1986, (reference 51 Federal Register 40636: 40 CFR Part 268, and revisions to 40 CFR Parts 260-265 and 270).

With respect to the land disposal requirements section of the inspection, your facility was found to be in violation of certain land disposal requirements as noted below:

Failure to notify in writing for each shipment of F-solvent wastes the applicable treatment standard as required by Section 268.7(a)(1).

A copy of the inspection report is enclosed for your records. Please submit to this office, within thirty (30) days of receipt of this Notice of Violation, documentation demonstrating that the above-cited violations have been corrected

## CONCURRENCES

SYMBOL						
SURNAME						
DATE						

and indicating what measures have been initiated to assure future compliance. Failure to correct the violation(s) may subject the facility to further Federal enforcement action.

If you have any questions regarding this correspondence, please contact Ms. Sharon R. Travis of my staff at (312) 886-6533.

Sincerely yours,

ORIGINAL SIGNED BY  
WILLIAM E. MUNO

William E. Munro, Chief  
RCRA Enforcement Section

Enclosure

cc: Harry Chappel, IEPA  
Glenn Savage, IEPA

bcc: Paul Dimock

WMD:STRAVIS:or:1/14/88:Disk 3:document 9

## CONCURRENCES

SYMBOL							
SURNAME	D.R.	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	WEM		
DATE	1/25/88	1-26-88	1-26-88	1-26-88	1-26-88		

Inspector: JACK E. HOLZER  
Address: 4302 NORTH MAIN STREET  
ROCKFORD, ILL. 61103  
Telephone No: 815/987-7404

DRAFT  
RCRA LAND RESTRICTION F-SOLVENT  
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

A. Handler Name BELEVIERE COMPANY B. Street (or other identifier) 725 COLUMBIA AVENUE - P.O. BOX 5407

C. City BELEVIERE D. State ILLINOIS E. Zip Code 61125 F. County Name MOORE

G. Nature of Business; Identification of Operations MANUFACTURER OF HARDWARE, HAND DRIVERS, PORCELAIN ENAMEL SHAMPOO BASINS AND CABINETS FOR BEAUTY AND BARBER SALONS.

H. EPA ID # 0070055005 - ILL 055425895

I. Handler Contact (Name and Phone Number) JOHN R. BENDER 815/544-3131

II. GENERATOR COMPLIANCE

A. F-Solvent Identification

1. Does the handler generate the following wastes?

- a. F001 ☒ Yes ☐ No  
b. F002 ☐ Yes ☒ No  
c. F003 ☒ Yes ☐ No

If an F003 wastestream listed solely for ignitability has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic? ☐ Yes ☒ No

- d. F004 ☐ Yes ☒ No  
e. F005 ☒ Yes ☐ No

2. Source of the above: Form 8700-12 ☒; Part A ☐; Part B ☐; other (specify) ☐

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A. Note concerns below:

RECEIVED

GEN-1

OCT - 9 1987

IEPA/DLPC

Handler Name: ECOLOGY COMPANY  
ID Number: 210 055435995 - 0070000005  
Inspector: JACK E. HOLZER  
Date: 9-25-87

B. BDAT Treatability Group - Treatment Standards Identification

Comments

1. Did the generator correctly determine the appropriate treatability group [268.41] of the waste (Wastewaters containing solvents, pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

*NO TREATMENT OF WASTES  
ALL WASTE ARE EITHER  
RECOVERED OR INCINERATED*

*NO TREATMENT OF  
SOLVENTS*

     Yes   X   No

C. Waste Analysis

1. Did the generator determine whether the waste exceeds treatment standards based on [268.7(a)]:

a. Knowledge of wastes   X   Yes      No

b. TCLP      Yes   X   No

c. Other (specify) \_\_\_\_\_

If knowledge, note how this is adequate:

THROUGH LCA RESULTS GENERAL LCA TESTING ONLY

If determined by TCLP, provide date of last test, frequency of testing, and attach test results.

Dates/frequency:     N/A     NO TESTING

Note any problems: \_\_\_\_\_

- d. Were wastes tested using TCLP when a process or wastestream changed?

     Yes   X   No

2. Did the F-solvent wastes exceed applicable treatability group treatment standards upon generation [268.7(a)(2)]?

  X   Yes      No  
     Some

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [268.3]

     Yes   X   No

D. Management

1. Onsite management

- a. Were F-solvent wastes managed onsite?

  X   Yes      No

*STORAGE ONLY  
NO TREATMENT OF WASTES*

If yes, answer 1(b) and (c); if no, answer 2.

RECEIVED

OCT - 9 1987

IEPA/DLPC

Handler Name: BEVERAGE COMPANY  
ID Number: 312 055435825 - 007006005  
Inspector: JOHN E. HOLZNER  
Date: 9-25-87

- b. For wastes that exceed treatment standards, was treatment, storage, and/or disposal conducted?

Comments

☒ Yes ☐ No NO TREATMENT, STORAGE ONLY

If yes, TSD Checklist must be completed.

- c. Are test results maintained in the operating record [264.74(b)3/265.73(b)(3)]?

☒ Yes ☐ No

## 2. Offsite Management

- a. If F-solvent wastes exceed treatment standards, did generator provide treatment facility [268.7(a)(1)]:

- (i) EPA waste number? ☒ Yes ☐ No  
(ii) Applicable treatment standard? ☐ Yes ☒ No  
(iii) Manifest number? ☒ Yes ☐ No  
(iv) Waste analysis data, if available? ☒ Yes ☐ No

Identify offsite treatment facilities EWB, INC.  
AND WASTE RESEARCH AND RECLAMATION CO., INC.

- b. If F-solvent wastes did not exceed treatment standards, did generator provide the disposal facility [268.7(a)(2)]:

- (i) EPA Hazardous waste number? ☐ Yes ☐ No  
(ii) Applicable treatment standard? ☐ Yes ☐ No  
(iii) Manifest number? ☐ Yes ☐ No  
(iv) Waste analysis data, if available? ☐ Yes ☐ No  
(v) Certification that waste meets treatment standards? ☐ Yes ☐ No

N/A NO TREATMENT

Identify land disposal facilities receiving the BDAT certified wastes \_\_\_\_\_

RECEIVED

OCT -9 1987

IEPA/DLPC

Handler Name: BEVERIDGE COMPANY  
ID Number: TD 05543595 - 007005005  
Inspector: Jack E. Halder  
Date: 8-25-87

- c. If waste is subject to nationwide variance [268.30] (e.g., solvent-water mixtures less than 1%), case-by-case extension [268.5] or petition [268.6] does generator provide notice to disposer that waste is exempt from land disposal restrictions [268.7(a)(3)]?

☐ Yes ☒ No

Comments

N/A  
NO TREATMENT AND  
NO MIXING OF SOLVENT  
OR WATER -

E. Storage of F-Solvent Waste

1. Was F-solvent waste stored for greater than 90 days (after variance 180/270 days for SQG) [268.50(a)(1)]?

☐ Yes ☒ No

If yes, was facility operating as a TSD under interim status or final permit?

☐ Yes ☒ No - N/A

If yes, TSD Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes  
(i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes?

☐ Yes ☒ No

If yes, list type of treatment unit and processes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the residuals from a RCRA-exempt treatment unit are above the treatment standards, the owner/operator is considered a generator of restricted waste. The inspector should determine whether the generator requirements, particularly waste identification requirements, have been met for the treatment residuals.

Handler Name: RELUXOCELL COMPANY  
 ID Number: TEL 255435725-002005000  
 Inspector: Jack E. Holsen  
 Date: 8-25-87

APPENDIX A

Comments

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
carbon tetrachloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorinated fluorocarbons	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichlorofluoromethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2-trichloro-1,2,2-trifluoroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ortho-dichlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1700 PAINT THINNER
acetone	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	WASTE PAINT
ethyl acetate	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
ethyl benzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
ethyl ether	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
methyl isobutyl ketone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
n-butyl alcohol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
cyclohexanone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
methanol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

If the F003 wastestream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic?

☐ Yes ☐ No *N/A*

RECEIVED  
 OCT -9 1987  
 IEPA/DLPC

Handler Name: REINER COMPANY  
ID Number: 20-5543795-007005705  
Inspector: JACK E. HELLER  
Date: 9-25-87

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

Comments

cresols and cresylic acid  
nitrobenzene

☐ Yes ☒ No  
☐ Yes ☒ No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene  
methyl ethyl ketone  
carbon disulfide  
isobutanol  
pyridine

☒ Yes ☐ No  
☒ Yes ☐ No  
☐ Yes ☒ No  
☐ Yes ☒ No  
☐ Yes ☒ No

*PAINT STRIPPER AND PAINT WASTE  
MIXED FARMULA*

6. Are any of the constituents listed in the questions 1-5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

(a) Chemical carriers? ☐ Yes ☒ No

If the answer is yes, list the constituents.

(b) Degreasing/cleaning? ☒ Yes ☐ No

If the answer is yes, list the constituents.

WASTE OIL

(c) Diluents? ☐ Yes ☒ No

If the answer is yes, list the constituents.

RECEIVED  
OCT - 9 1987  
IEPA/DLPC

Handler Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

(d) Extractants? ☐ Yes ☐ No Comments

If the answer is yes, list the constituents.

(e) Fabric scouring? ☐ Yes ☐ No

If the answer is yes, list the constituents.

(f) Reaction and synthesis media? ☐ Yes ☐ No

If the answer is yes, list the constituents.

If questions 1-6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? A solvent is considered "spent" when it has been used and is no longer used without being regenerated, reclaimed, or otherwise reprocessed. ☐ Yes ☐ No

*NO MIXING OF  
SOLVENTS -*

8. If the waste is a mixture of constituents as determined in questions 1-7, answer this to determine whether it is a "solvent mixture" covered by the listings.

If the wastestream is mixed and contains more than one of the F001-F005 constituents listed in questions 1-5 (by volume), give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5% methylene chloride  
2% trichloroethylene  
25% 1,1,1-trichloroethane  
68% mineral spirits  
100%

If the wastestream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

RECEIVED

OCT -9 1987

IEPA/DLPC

Handler Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

Comments

With respect to the F003 solvent wastes, if, before use, the wastestream is mixed and contains only F003 constituents, it is a listed waste. For example:

33% acetone  
16% methanol  
51% ethyl ether  
100%

If the wastestream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste.  
For example:

50% xylene F003  
12% TCE F001  
38% mineral spirits  
100%

If in light of the above, the handler appears to be generating F001-f005 hazardous wastes, refer this facility to the enforcement official for follow-up actions verifying the use of solvents at the facility.

RECEIVED  
OCT -9 1987  
IEPA/DLPC

DRAFT

Handler Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

TRANSPORTER CHECKLIST

I. FACILITY IDENTIFICATION

A. Site Name \_\_\_\_\_ B. Street (or other identifier) \_\_\_\_\_  
C. City \_\_\_\_\_ D. State \_\_\_\_\_ E. Zip Code \_\_\_\_\_ F. County Name \_\_\_\_\_  
G. Description of Operations \_\_\_\_\_  
H. EPA ID # \_\_\_\_\_  
I. Facility Contact (Name and Phone Number) \_\_\_\_\_

II. TRANSPORTER REQUIREMENTS

Comments

- A. Does the transporter store restricted wastes for greater than 10 days [268.50(a)(3)]? \_\_\_\_\_ Yes \_\_\_\_\_ No
1. If yes, does transporter have 264/265 status as storage facility (e.g., has submitted part A?) \_\_\_\_\_ Yes \_\_\_\_\_ No
- B. Does a review of records indicate storage of restricted wastes for greater than 10 days? \_\_\_\_\_ Yes \_\_\_\_\_ No
- C. Describe inventory controls to ensure that restricted wastes are not stored for greater than 10 days. \_\_\_\_\_

RECEIVED

OCT -9 1987

IEPA/DLPC

Facility Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

DRAFT  
RCRA F-SOLVENT LAND RESTRICTION  
TREATMENT, STORAGE, AND DISPOSAL REQUIREMENTS CHECKLIST

I. FACILITY IDENTIFICATION

A. Facility Name \_\_\_\_\_ B. Street (or other identifier) \_\_\_\_\_  
C. City \_\_\_\_\_ D. State \_\_\_\_\_ E. Zip Code \_\_\_\_\_ F. County Name \_\_\_\_\_  
G. Nature of business; identification of operations \_\_\_\_\_  
H. EPA ID # \_\_\_\_\_

I. Facility Contact (Name and Phone Number) \_\_\_\_\_

II.A. For onsite facilities, complete the generator checklist Comments

B. General Facility Standards

1. Was waste analysis plan revised to cover Part 268 requirements [264.13 or 265.13]?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. Did facility obtain representative chemical and physical analysis of wastes and residues [264.13(a)/265.13(a)]?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
  - a. Did testing include analyses for all F001-F005 constituents?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
  - b. Were analyses performed using TCLP? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - c. Were analyses conducted onsite or offsite (identify offsite lab)? \_\_\_\_\_ On \_\_\_\_\_ Off:  
\_\_\_\_\_  
\_\_\_\_\_
  - d. Describe frequency of sampling \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - e. Describe procedures used to identify manifest discrepancies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Are the operating records, including analyses and quantities, complete [264.73/265.73]? \_\_\_\_\_ Yes \_\_\_\_\_ No

RECEIVED  
OCT -9 1987  
IEPA/DLPC

Facility Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

C. Storage [268.50]

Comments

1. a. Were restricted wastes exceeding treatment standards stored? ☐ Yes ☐ No
- If no, go to "D."
- b. Are all containers clearly marked to identify content and date(s) entering storage? ☐ Yes ☐ No
- c. Do operating records track the location, quantity and dates that waste exceeding treatment standards entered and were removed from storage? ☐ Yes ☐ No
- d. Do operating records agree with container labeling? ☐ Yes ☐ No
- e. Is waste exceeding treatment standards stored for less than 1 year? ☐ Yes ☐ No
- If yes, can you show that such accumulation is not necessary to facilitate proper recovery, treatment, or disposal? ☐ Yes ☐ No
- If yes, state how: \_\_\_\_\_
- f. Were tanks emptied at least once per year, and do operating records show that volume of waste removed from tanks annually at least equals tank volume? ☐ Yes ☐ No
- g. Was/is waste exceeding treatment standards stored for more than one year? ☐ Yes ☐ No
- If yes, state the owner/operator's proof that such storage was solely for the purposes of accumulation of such quantities of hazardous waste as are necessary to facilitate proper recovery, treatment, or disposal: \_\_\_\_\_
- h. Are F-solvent wastes exceeding treatment standards "stored" in surface impoundments? ☐ Yes ☐ No

D. Treatment in Surface Impoundments [268.4]

1. Were F001-F005 wastes exceeding treatment standards placed in surface impoundments for treatment? ☐ Yes ☐ No

If no, go to E.

RECEIVED  
OCT - 9 1987  
IEPA/DLPC

Facility Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

2. Did the facility submit a certification of compliance with minimum technology and ground water monitoring requirements, and the waste analysis plan to the Agency? \_\_\_\_\_ Yes \_\_\_\_\_ No Comments
3. Have the minimum technology requirements been met? \_\_\_\_\_ Yes \_\_\_\_\_ No
- a. If the minimum technology requirements have not been met, has a waiver been granted for that unit(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Have the Subpart F ground-water monitoring requirements been met? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Have representative samples of the sludge and supernatant from the surface impoundment been tested separately, acceptably, and in accordance with the sampling frequency and analysis specified in the waste analysis plan and are the results in the operating record [264.13/265.13] and [264.73/265.73]? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Did the hazardous waste residue (sludge or liquid) exceed the treatment standards specified in [268.41]? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Provide the frequency of analyses conducted on treatment residues: \_\_\_\_\_
- 
8. Does the operating record adequately document the results of waste analyses performed in accordance with [268.41] and [264.73/265.73] \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Have the hazardous waste residues that exceed the treatment standards [268.41] been removed adequately and on an annual basis? \_\_\_\_\_ Yes \_\_\_\_\_ No
- a. If answer is no and supernatant is determined to exceed treatment concentrations, is annual throughput greater than impoundment volume? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. If residues were removed annually, were adequate precautions taken to protect liners and do records indicate that inspections of liner integrity are performed? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. When removed, were solvent wastes managed subsequently in another surface impoundment? \_\_\_\_\_ Yes \_\_\_\_\_ No

RECEIVED  
OCT -9 1987  
IEPA/DLPC

Facility Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

12. When removed, were wastes treated prior to disposal? Comments  
☐ Yes ☐ No

a. If yes, are waste residues treated on or offsite?  
☐ Onsite ☐ Offsite

b. Identify management method \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Treatment

1. Did the facility operate treatment facilities for F-solvent waste (not including surface impoundments)?  
☐ Yes ☐ No

If no, go to "F."

2. Describe the treatment processes for F-solvent wastes.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the facility, in accordance with an acceptable waste analysis plan, verify that the residue extract from all treatment processes for the F-solvent wastes are less than treatment standards [268.7(b)(2)]?  
☐ Yes ☐ No

4. Describe frequency of testing of treatment residuals.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Was dilution used as a substitute for treatment [268.3]? ☐ Yes ☐ No

6. Are certifications and results of waste analyses kept in the operating record [264.73(b)(3)/265.73(b)(3)] and [268.7(c)]? ☐ Yes ☐ No

7. Are notice with waste number, treatment standard, manifest number, and analytical data (where available) submitted for each shipment of waste or treatment residual that meets the treatment standard stating that waste has been treated to treatment performance standards [268.7(b)]? ☐ Yes ☐ No

8. Are certifications submitted for each shipment [268.7(b)(2)(i)]? ☐ Yes ☐ No

RECEIVED  
OCT - 9 1987  
IEPA/DLP

Facility Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

Comments

F. Land Disposal

1. Were F-solvent wastes placed in land disposal units (landfills, surface impoundments [for this question, do not include if in "D"] waste piles, wells, land treatment units, salt domes/beds, mines/caves concrete vault or bunker? \_\_\_ Yes \_\_\_ No
2. Did facility have the notice and certification from generators/treaters in its operating record [268.7(c); 268.7(a),(b)]? \_\_\_ Yes \_\_\_ No
3. Did the facility obtain waste analysis data through testing of the waste to determine that the wastes are in compliance with the applicable treatment standards [268.7(c)]? \_\_\_ Yes \_\_\_ No  
If yes, at what frequency? \_\_\_\_\_
4. Were F-solvent wastes exceeding the treatment standards placed in land disposal units excluding national capacity variances [268.30(a)]? \_\_\_ Yes \_\_\_ No  
If yes, did facility have an approved waiver based on no migration petition [268.6] or approved case-by-case capacity extension [268.5] or treatment standard variance [268.44]? \_\_\_ Yes \_\_\_ No
5. Were F-solvent wastes subject to a national or case-by-case capacity variance/extension disposed? \_\_\_ Yes \_\_\_ No
  - a. If yes, were these wastes disposed of in a facility that has a new, replacement, or laterally expanded landfill or impoundment? \_\_\_ Yes \_\_\_ No  
If (a) is yes, have the minimum technology requirements been met for all such units at the facility [268.5(h)(2)] and [268.30(b)]? \_\_\_ Yes \_\_\_ No
6. Were adequate records of disposal maintained? \_\_\_ Yes \_\_\_ No
7. If wastes subject to a nationwide variance [268.30], case-by-case extensions [268.5], or no migration petitions [268.6] were disposed, does facility have notices [268.7(a)(3)] and records of disposal? \_\_\_ Yes \_\_\_ No
8. What is the volume of F-solvent waste disposed to date by waste? \_\_\_\_\_

RECEIVED  
OCT -9 1987  
IEPA/DLPC

Facility Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

9. If the facility has a case-by-case extension, can the inspector verify that the facility is making progress as described in progress reports [268.5]?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Comments

RECEIVED  
OCT - 9 1987  
IEPA/DLPC



Illinois Environmental Protection Agency · 2200 Churchill Road, Springfield, IL 62706

(217)782-5544

14D 055 435 895  
no file

October 10, 1986

Ms. Ann Budich  
U.S. Environmental Protection Agency  
230 S. Dearborn Street  
5HW-13  
Chicago, Illinois 60604

RECEIVED  
OCT 10 1986  
U.S. EPA REGION V

Re: Report on Non-Filer  
Belvedere Co.

Dear Ms. Budich:

Enclosed is information relating to the above captioned company,  
a Non-Filer under RCRA. If after follow-up by this Agency, this company  
does not come into compliance, we will refer this matter for enforcement.

Sincerely,

Steven R. Strauss  
Attorney  
Enforcement Programs

SRS:dls

Enclosure

cc: Glen Savage  
Gary King  
Northern Region  
File

NON-NOTIFICATION AND NON-FILER DISPOSITION FORM

1. Non-Notifier \_\_\_\_\_ Non-Filer X
2. U.S.E.P.A. ID Number for Non-Filers ILD 055 435 895
3. Name of Facility: BELVEDERE CO.
- Facility Mailing Address: 725 COLUMBIA AVENUE P.O. BOX 5407
- BELVIDERE IL 61008  
City or Town State Zip Code
4. Location of Facility: SAME
- SAME  
City or Town State Zip Code
5. Facility Contact: JOHN R. BENDER, PLANT SUPERINTENDENT  
Name and Title  
Phone Number: D.L. TYLER, VICE PRESIDENT 815/544-3131  
Area Code and Number

6. Type of Hazardous Waste Activity if Determined:

X Generation \_\_\_\_\_ Transportation

X Treat/Store/Dispose (Circle Applicable Activities)

\_\_\_\_\_ Underground Injection

RECEIVED  
ENFORCEMENT PROGRAM

OCT 10 1986

Environmental Protection Agency

7. Description of State Follow-up Action (Including Name of State Assignee, File Data Reviewed, Person(s) Contacted by State, Date(s) and Type of Contact(s), and Information Obtained):

HOLZER PERFORMED ISS INSPECTION 9/3/86. AFL prepared

8. List of Significant Apparent Violations:

725.113 725.116 725.151 725.155 725.274  
725.114 725.117 725.152 725.173 725.133  
725.115 725.137 725.153 725.112 703.150

9. List of Supporting Documents Attached:

Inspection Report of 9/3/86 inspection

RECEIVED

SEP 23 1986

IEPA-DLPC

TO BE COMPLETED BY ENFORCEMENT SECTION

10. Type of Enforcement Action Recommended: no action recommended  
at this time. If compliance is not achieved,  
enforcement will follow.

11. Disposition Form Signed and Dated by State Enforcement Section:  
9/10/86 [Signature]



217/782-6761

Refer to: 0070055005 -- Boone County  
Belvidere/Belvedere Company  
ILD055435895  
Compliance File

COMPLIANCE INQUIRY LETTER

Certified #

October 9, 1986

D.L. Tyler, Vice President  
Belvedere Company  
725 Columbia Avenue  
Belvidere, Illinois 61008

Dear Mr. Tyler:

The purpose of this letter is to address the status of the above-referenced facility in relation to the requirements of 35 Illinois Administrative Code Parts 722 and 725 and to inquire as to your position with respect to the apparent violations identified in Attachment A and your plans to correct these apparent violations. The Agency's findings of apparent non-compliance as listed in Attachment A are based on an inspection completed on September 3, 1986. For your convenience a copy of the inspection report is enclosed with this letter.

Please submit in writing, within fifteen (15) calendar days of the date of this letter, the reasons for the identified violations, a description of the steps which have been taken to correct the violations and a schedule, including dates, by which each violation will be resolved. These resolution dates are not to exceed 60 days from the date of the above referenced inspection and/or record review. The written response, and two copies of all documents submitted in reply to this letter, should be sent to the following:

Mark A. Haney, Manager  
Facilities Compliance Unit  
Compliance Monitoring Section  
Illinois Environmental Protection Agency  
Division of Land Pollution Control  
2200 Churchill Road  
Springfield, Illinois 62706

Further, take notice that non-compliance with the requirements of the Illinois Environmental Protection Act and rules and regulations adopted thereunder may be the subject of enforcement action pursuant to either the Illinois Environmental Protection Act, Ill. Rev. Stat., Ch. 111 1/2, Sec. 1001 et seq. or the federal Resource Conservation and Recovery Act (RCRA), 42 U.S.C. Sec. 6901 et seq.

RECEIVED  
ENFORCEMENT PROGRAMS

OCT 10 1986

Environmental Protection Agency



Page 2

If you have any questions regarding the above, please contact Jack Holzer or Patricia Luedtke at 815/987-7404.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mark A. Haney".

Mark A. Haney, Manager  
Facilities Compliance Unit  
Compliance Monitoring Section  
Division of Land Pollution Control

MAH:PML:bjh/0193g/51,52

cc: Division File  
Rockford Region  
Steven Strauss, Enforcement  
Geordie Smith, Compliance  
Patricia Luedtke, RFOS  
John R. Bender, Plant Superintendent



Attachment A

1. Pursuant to 35 Ill. Adm. Code 725.113(a), the owner or operator is required to conduct a detailed chemical and physical analysis of a representative sample of hazardous waste prior to storing. You are in apparent violation of 35 Ill. Adm. Code 725.113(a) for the following reason(s): No detailed hazardous waste analyses were available for the powdered lead wastes. The analyses of the nickel sludge and the nickel stripper are not adequate since analyses of metals were not completed.
2. Pursuant to 35 Ill. Adm. Code 725.113(b), the owner or operator must have on file at the facility a detailed written waste analysis plan describing the procedures to be used to compile data required under Section 725.113(a). You are in apparent violation of 35 Ill. Adm. Code 725.113(b) since no such plan was present at the site on the date of the inspection.
3. Pursuant to 35 Ill. Adm. Code 725.114(c), the owner or operator must post a sign with the legend "Danger-Unauthorized Personnel Keep Out" at each entrance to the active portion of the facility and at other locations which can be seen from any approach to this active portion. At the time of the inspection, no such signs were posted which is in apparent violation of this Section.
4. Pursuant to 35 Ill. Adm. Code 725.115(a), the owner or operator must inspect his facility for malfunctions and deterioration, operator errors and discharges that may be causing or may lead to a release to the environment or a threat to human health. You are in apparent violation of 35 Ill. Adm. Code 725.115(a) in that the required inspections are not being made.
5. Pursuant to 35 Ill. Adm. Code 725.115(b), the owner or operator must develop and follow a written schedule for inspection of all equipment and devices that are important to preventing, detecting or responding to environmental or human health hazards. This schedule must be kept at the facility and must identify the types of problems which are to be looked for during the inspection. The schedule should allow for daily inspection of areas subject to spills, when those areas are in use. You are in apparent violation of 35 Ill. Adm. Code 725.115(b) for the following reasons(s): No inspection schedule is kept.
6. Pursuant to 35 Ill. Adm. Code 725.115(d), the owner or operator must record inspections, and the specific data required by this Section in an inspection log or summary. These records must be kept for at least three years. You are in apparent violation of 35 Ill. Adm. Code 725.115(d) for the following reason(s): No inspection log or summary is kept.



Page 2

7. Pursuant to 35 Ill. Adm. Code 725.116(a), facility personnel must complete a program of classroom instruction or on-the-job training directed by a person trained in hazardous waste management procedures. The training must be designed to ensure that facility personnel are able to respond to emergencies. You are in apparent violation of 35 Ill. Adm. Code 725.116(a) for the following reason(s): Facility personnel have not completed instruction or training.
8. Pursuant to 35 Ill. Adm. Code 725.116(b), facility personnel must successfully complete the program required in paragraph (a) of this Section upon the effective date of these regulations or six months after the date of their employment or assignment to a facility or to a new position at a facility, whichever is later. Employees hired after the effective date of these regulations must not work in unsupervised positions until they have completed the training requirements of paragraph (a) of this Section. You are in apparent violation of 725.116(b), for the following reason(s): The training program was not completed on time.
9. Pursuant to 35 Ill. Adm. Code 725.116(d), the owner or operator must maintain the following documents and records at the facility:
  - a. The job title for each position at the facility related to hazardous waste management and the name of the employee filling each job;
  - b. A written job description for each position listed under paragraph (d)(1) of this Section. This description may be consistent in its degree of specificity with descriptions for other similar positions in the same company location or bargaining unit, but must include the requisite skill, education or other qualifications and duties of facility personnel assigned to each position;
  - c. A written description of the type and amount of both introductory and continuing training that will be given to each person filling a position listed under paragraph (d)(1) of this Section;
  - d. Records that document that the training or job experience required under paragraphs (a), (b) and (c) of this Section has been given to and completed by facility personnel.

You are in apparent violation of 35 Ill. Adm. Code 725.116(d) in that item(s) a through d above were not maintained at the facility.

10. Pursuant to 35 Ill. Adm. Code 725.116(e), training records on current personnel must be kept until closure of the facility. Training records on former employees must be kept for at least three years from the date the employee last worked at the facility. You are in apparent violation of 35 Ill. Adm. Code 725.116(e) for the following reason(s): No training records were kept.



11. Pursuant to 35 Ill. Adm. Code 725.117(a), the owner or operator must take precautions to prevent accidental ignition or reaction of ignitable or reactive waste. This waste must be separated and protected from sources of ignition or reaction. While ignitable or reactive waste is being handled, the owner or operator must confine smoking and open flame to specially designated locations. "No Smoking" signs must be conspicuously placed wherever there is a hazard from ignitable or reactive waste. You are in apparent violation of 35 Ill. Adm. Code 725.117(a) for the following reason(s): Ignitable wastes receive no special handling.
12. Pursuant to 35 Ill. Adm. Code 725.137, the owner or operator must attempt to make arrangements to familiarize local police, fire departments, emergency response teams and hospitals as well as state authorities with the hazardous aspects of the facility. These arrangements are to be included in the contingency plan. You are in apparent violation of 35 Ill. Adm. Code 725.137 for the following reason(s): No such arrangements have been attempted.
13. Pursuant to 35 Ill. Adm. Code 725.151(a), each owner or operator must have a contingency plan. The contingency plan must be designed to minimize hazards to human health or the environment from fires, explosions or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water. You are in apparent violation of 35 Ill. Adm. Code 725.151(a) for the following reason(s): No contingency plan was available.
14. Pursuant to 35 Ill. Adm. Code 725.152(a), the contingency plan must describe the actions facility personnel must take to comply with Sections 725.151 and 725.156 in response to fires, explosions or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water at the facility. You are in apparent violation of 35 Ill. Adm. Code 725.152(a) for the following reason(s): The contingency plan did not describe personnel actions.
15. Pursuant to 35 Ill. Adm. Code 725.152(c), the contingency plan must describe arrangements agreed to by local police departments, fire departments, hospitals, contractors and state and local emergency response teams to coordinate emergency services, pursuant to Section 725.137. You are in apparent violation of 35 Ill. Adm. Code 725.152(c) for the following reason(s): No arrangements are described in a contingency plan.
16. Pursuant to 35 Ill. Adm. Code 725.152(d), the contingency plan must list names, addresses and phone numbers (office and home) of all persons qualified to act as emergency coordinator (see 725.155) and must be kept up to date. You are in apparent violation of 35 Ill. Adm. Code 725.152(d) for the following reason(s): No list of emergency coordinators is in a contingency plan.



Page 4

17. Pursuant to 35 Ill. Adm. Code 725.152(e), the contingency plan must include an up-to-date list of all emergency equipment at the facility. The plan must include the location and a physical description of each item and a brief outline of its capabilities. You are in apparent violation of 35 Ill. Adm. Code 725.152(e) for the following reason(s): No list of emergency equipment is in the contingency plan.
18. Pursuant to 35 Ill. Adm. Code 725.152(f), the contingency plan must include an evacuation plan for facility personnel, if necessary. You are in apparent violation of 35 Ill. Adm. Code 725.152(f) for the following reason(s): No evacuation plan is in the contingency plan.
19. Pursuant to 35 Ill. Adm. Code 725.153, a copy of the contingency plan and all revisions to the plan must be:
  - a) Maintained at the facility;
  - b) Submitted to all local police departments, fire departments, hospitals and state and local emergency response teams.

You are in apparent violation of 35 Ill. Adm. Code 725.153 in that condition(s) a and b above was/were not complied with.

20. Pursuant to 35 Ill. Adm. Code 725.155, at all times there must be at least one emergency coordinator either on the facility premises or on call. You are in apparent violation of 35 Ill. Adm. Code 725.155 for the following reason: No emergency coordinator has been named.
21. Pursuant to 35 Ill. Adm. Code 725.173, the owner or operator must keep a written operating record at the facility. The operating record must include the following:
  - a. A description and the quantity of each hazardous waste received and the method(s) and date(s) of its treatment, storage or disposal at the facility as required by Appendix I of 35 Ill. Adm. Code 725.173;
  - b. The location and quantity of each hazardous waste within the facility including cross-references to specific manifest document numbers;
  - c. Records and results of waste analyses and trial tests;
  - d. Summary reports and details of all incidents that require implementation of the contingency plan;
  - e. Records and results of inspections;
  - f. Monitoring, testing and other analytical data;
  - g. All closure cost estimates and, for disposal facilities, all post-closure cost estimates.

You are in apparent violation of 35 Ill. Adm. Code 725.173 in that the operating record did not include item(s) a, b, c, e and g above.



Page 5

22. Pursuant to 35 Ill. Adm. Code 725.212(a), by May 19, 1981, the owner or operator must have a written closure plan. A copy of the closure plan and all revisions must be kept at the facility until closure is completed and certified. The closure plan must include at least:
- A description of how and when the facility will be partially closed, if applicable, and finally closed. The plan must identify how the requirements of Sections 725.211, 725.213, 725.214 and 725.215 and applicable requirements of 725.297, 725.328, 725.380, 725.410, 725.451, 725.481 and 725.504 will be met;
  - An estimate of the maximum inventory of wastes in storage and in treatment at any time during the life of the facility;
  - A description of the steps needed to decontaminate facility equipment and surrounding soil if necessary;
  - An estimate of the expected year of closure and a schedule for final closure;
  - A provision for closure certification by an independent registered professional engineer.

You are in apparent violation of 35 Ill. Adm. Code 725.212(a) for the following reason(s): No closure plan was kept at the facility.

23. Pursuant to 35 Ill. Adm. Code 725.274, the owner or operator must inspect areas where containers are stored at least weekly, looking for leaks and for deterioration caused by corrosion or other factors. You are in apparent violation of 35 Ill. Adm. Code 725.274 for the following reason(s): No weekly inspections are performed.
24. Pursuant to 35 Ill. Adm. Code 722.133, before transporting or offering for transportation off-site hazardous waste the generator must placard or offer the initial transporter the appropriate placards according to Department of Transportation regulations contained in 49 Code of Federal Regulations, Part 172, Subpart F. You are in apparent violation of 35 Ill. Adm. Code 722.133 for the following reason(s): No placards were available.
25. Pursuant to 35 Ill. Adm. Code 703.150(a), the owner or operator of an existing HWM facility must submit Part A of the permit application to the Agency no later than the following times, whichever comes first:
- Six months after the date of publication of regulations which first require the owner or operator to comply with standards in 35 Ill. Adm. Code 725.
  - Thirty days after the date the owner or operator first becomes subject to the standards in 35 Ill. Adm. Code 725.

You are in apparent violation of 35 Ill. Adm. Code 703.150(a) for the following reason(s): No Part A permit application was submitted.

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
TREATMENT, STORAGE, AND DISPOSAL FACILITIES  
Form 1 General Facility Standards

RECEIVED  
SEP 23 1986

IEPA-DLPC

I. General Information

USEPA Number: IL 0055435895 IEPA Number: 0070055005

LDF Facility: YES ☒ NO ☐ Notified As: GENERATOR Regulated As: GEN, STO (SOI)

(A) Facility Name: BELVEDERE COMPANY

(B) Street: 725 COLUMBIA AVENUE P.O. Box 5407

(C) City: BELVIDERE (D) State: ILLINOIS (E) Zip Code: 61008-4296

(F) Phone: 815/544-3131 (G) County: BOONE

(H) Operator: BELVEDERE COMPANY

(I) Street: 725 COLUMBIA AVENUE

(J) City: BELVIDERE (K) State: ILLINOIS (L) Zip Code: 61008-4296

(M) Phone: 815/544-3131 (N) County: BOONE

(O) Owner: RO SMITH INVESTMENT CO.

(P) Street: \_\_\_\_\_

(Q) City: \_\_\_\_\_ (R) State: \_\_\_\_\_ (S) Zip Code: \_\_\_\_\_

(T) Phone: \_\_\_\_\_ (U) County: \_\_\_\_\_

Region: 1 (V) Date of Inspection: 09 / 03 / 86 (W) Time: (From) 1:30 PM (To) 5:30 PM

Type of Inspection: ☒ ISS ☐ RECORD REVIEW ☐ SAMPLING ☐ CITIZEN COMPLAINT

☐ CLOSED ☐ WITHDRAWAL ☐ OTHER ☐ PART B

F/U \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date of Initial Inspection)

(X) Weather Conditions: CLEAR DRY TEMP. MID 70'S

Area	Section	Class I	Class II
OTH	725.113	✓	
	725.114	✓	
	725.115		✓
	725.116	✓	
	725.117	✓	
	725.137		✓
	725.151		✓
	725.152		✓
	725.153		✓
	725.155		✓
	725.173		✓
CL/PC	725.212	✓	
OTH	725.274		✓
OTH	725.133	✓	
OTH	703.150	✓	
TOTAL Class I's & II's		7	8

(AA) Preparer Information

Name

JACK HOLZER / PAT LUEDTKE

Agency/Title

IEPA / INSPECTOR

Telephone

815/987-7404

2 9/15/86

Pgs. 11-18 and 21 are N/A - removed

(Y) Person(s) Interviewed	Title	Telephone
<u>JOHN BENDER</u>	<u>PLANT SUPT.</u>	<u>815/544-3131 EA. 267</u>
<u>DON SELL</u>	<u>EAB. FOREMAN</u>	<u>815/544-3131 EA. 267</u>
<u>DAN HENNIG</u>	<u>MACHINE SHOP FOREMAN</u>	<u>815/544-3131 EA. 267</u>

(Z) Inspection Participants	Agency/Title	Telephone
<u>TACK HOLDER</u>	<u>EPA-IES INSPECTOR</u>	<u>815/987-1404</u>
<u>TOM HENNINGER</u>	<u>EPA-IES OBSERVER</u>	<u>815/987-7404</u>

## II. Section A: Scope of Inspection.

- Interim Status standards for the treatment, storage or disposal of HAZARDOUS WASTES SUBJECT TO 35 Ill. Adm. Code 725.101. Complete Inspection Form A, Sections B, C, D, E, and G.
- Place an "X" in the box(es) corresponding to the facility's treatment, storage or disposal processes, and generation and/or transportation activity (if any). Complete only the applicable sections and appendixes.

Permit application process(es) (EPA Form 3510-3)	Inspection Form A section(s)
S01 <input checked="" type="checkbox"/> storage in containers	I
S02 <input type="checkbox"/> storage in tanks	J
T01 <input type="checkbox"/> treatment in tanks	J
S04 <input type="checkbox"/> storage in surface impoundment	K, F
T02 <input type="checkbox"/> treatment in surface impoundment	K, F
D83 <input type="checkbox"/> disposal in surface impoundment	K, F
S03 <input type="checkbox"/> storage in waste pile	L
D81 <input type="checkbox"/> disposal by land application	M, F
D80 <input type="checkbox"/> disposal in landfill	N, F
T03 <input type="checkbox"/> treatment by incineration	O, P
T04 <input type="checkbox"/> treatment in devices other than tanks, surface impoundments, or incinerators	Q

### Other Activities

GENERATOR <input checked="" type="checkbox"/>	APPENDIX	GN
TRANSPORTER <input type="checkbox"/>	APPENDIX	TR

- Indicate any hazardous waste processes, by process code, which have been omitted from Part A of the facility's permit application.
- Indicate any hazardous waste processes (by process code and line number on EPA Form 3510-3 page 1 of 5) which appear to be eligible for exclusion per 35 Ill. Adm. Code 725.101(c). Provide a brief rationale for the possible exclusion.

RECEIVED

SEP 23 1986

IEPA-DLPC

GENERAL FACILITY STANDARDS:  
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	—	—	—	<u>N/H</u>
2. Facility expansion?	—	—	—	<u>N/H</u>
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	—	✓	—	<u>HAS NO DETAILED CHEMICAL OR PHYSICAL ANALYSIS OF WASTE</u>
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	—	✓	—	<u>OPERATOR HAS NO WASTE ANALY. PLAN ON FILE OF THE WASTE</u>
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	—	✓	—	<u>NO ANALYSIS PLAN OR PROCEDURES FOR INSPECTION AND ANALYSIS OF EACH MOVEMENT OF HAZ. WASTE OFF SITE.</u>
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	✓	—	—	<u>ADT SYSTEM ALSO WORK THREE SHIFTS - NO WEEK ENDS.</u>
2. Artificial or natural barrier around facility?	✓	—	—	<u>HAZARDOUS WASTES ARE STORED INSIDE OF BUILDING -</u>
3. Controlled entry?	✓	—	—	
4. Danger sign(s) at entrance?	—	✓	—	<u>NO DANGER SIGNS</u>
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	—	✓	—	<u>NO RECORDS</u>
2. Records of operator error?	—	✓	—	<u>NO RECORDS</u>
3. Records of discharges?	—	✓	—	<u>NO RECORDS</u>

\*Not Inspected

RECEIVED

SEP 23 1986

IEPA-DLPC

# III. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI*	Remarks
4. Inspection schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAVE NO SET INSPECTION SCHEDULE
5. Safety, emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Security devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADT SYSTEM
7. Operating and structural devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Inspection log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(E) Do personnel training records include: (Effective 5/19/81)				
1. Job titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have facility personnel received required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAVE MATERIAL SEPARATED INSIDE OF BUILDING

\*Not Inspected

IV. PREPAREDNESS AND PREVENTION:  
(Part 265 Subpart C)

(A) Maintenance and Operation of Facility:

Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?

Yes	No	NI*	Remarks
-----	----	-----	---------

(B) If required, does the facility have the following equipment:

1. Internal communications or alarm systems?
2. Telephone or 2-way radios at the scene of operations?
3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

TELEPHONES

Indicate the volume of water and/or foam available for fire control:

CITY WATER SUPPLY. USEAGE IS 170,000 GALLONS PER MONTH WITH 100 PSI

(C) Testing and Maintenance of  
Emergency Equipment:

1. Has the owner or operator established testing and maintenance procedures for emergency equipment?
2. Is emergency equipment maintained in operable conditions?

✓

A handwritten signature in dark ink, appearing to read "J. H. ...". The signature is written in a cursive style with some loops and flourishes. It is located at the bottom left of the page, below the typed name "John H. ...".

- (D) Has owner or operator provided immediate access to internal alarms? (if needed)



\*Not Inspected

RECEIVED

SEP 23 1986

IEPA-DLPC

- (E) Is there adequate aisle space for unobstructed movement?

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:  
(Part 265 Subpart D)

- (A) Does the Contingency Plan contain the following information:

Yes No NI\* Remarks

1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)
2. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

NO CONTINGENCY PLAN

\*Not Inspected

RECEIVED  
SEP 23 1986  
IEPA-DLPC

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES Continued

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HE WOULD BE
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE HAD NO EMERGENCIES.

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING  
(Part 265 Subpart E)

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are records of past shipments retained for 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*Not Inspected

RECEIVED

SEP 23 1986

IEPA-DLPC

## (C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73? ✓
2. Does the operating record contain the following information:
  - \*\*b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I? ✓
  - c. The location and quantity of each hazardous waste within the facility? ✓
  - \*\*\*d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.) N/A
  - e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections? ✓
  - f. Reports detailing all incidents that required implementation of the Contingency Plan? N/A
  - g. All closure and post closure costs as applicable? (Effective 5-19-81) ✓

HAS NOT BEEN REQUIRED TO IMPLEMENT.

\*\* See page 33252 of the May 19, 1980, Federal Register.

\*\*\* Only applies to disposal facilities

VII. CLOSURE AND POST CLOSURE  
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
<b>(A) Closure and Post Closure</b>				
1. Is the facility closure plan available for inspection by May 19, 1981?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>NO CLOSURE PLAN AVAILABLE</u>
2. Has this plan been submitted to the Regional Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has closure begun?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is closure estimate available by May 19, 1981?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>(B) Post closure care and use of property</b>				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VIII. FACILITY STANDARDS  
(Part 265, Subparts I thru R)

**I**  
**USE AND MANAGEMENT OF CONTAINERS**

Facility Name: BELVEDERE COMPANY Date of Inspection: 9-3-86

	Yes	No	NI*	Remarks
1. Are containers in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers managed to prevent leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**RECEIVED**

**SEP 23 1986**

**IEPA-DLPC**

Yes No NI\* Remarks

7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)

☒ Yes ☐ No ☐ NI\*

8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?

☒ Yes ☐ No ☐ NI\*

### J TANKS

Facility Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?

N/A

NO HAZARDOUS WASTES STORED IN TANKS

2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?

☐ Yes ☐ No ☐ NI\*

3. Do continuous feed systems have a waste-feed cutoff?

☐ Yes ☐ No ☐ NI\*

4. Are waste analyses done before the tanks are used to store a substantially different waste than before?

☐ Yes ☐ No ☐ NI\*

5. Are required daily and weekly inspections done?

☐ Yes ☐ No ☐ NI\*

6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)

☐ Yes ☐ No ☐ NI\*

7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)

☐ Yes ☐ No ☐ NI\*

\*Not Inspected

RECEIVED  
SEP 23 1986  
IEPA-DLPC

	Yes	No	NI*	Remarks
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	<u>      </u>	<u>      </u>	<u>      </u>	<u>NI/NI</u>
4. Are inspection procedures followed according to 265.403?	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
5. Are the special requirements fulfilled for ignitable or reactive wastes?	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.)	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristic under 40 CFR §261.22, or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

#### IX

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

#### 1. MANIFEST REQUIREMENTS

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	<u>✓</u>	<u>      </u>	<u>      </u>	<u>      </u>
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements)				
1. Manifest document number?	<u>✓</u>	<u>      </u>	<u>      </u>	<u>      </u>
2. Name, mailing address, telephone number, and EPA ID Number of Generator	<u>✓</u>	<u>      </u>	<u>      </u>	<u>      </u>

RECEIVED  
SEP 23 1986  
IEPA-DLPC

	Yes	No	NI*	Remarks
3. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Does the owner or operator submit exception reports when needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) If required, are placards available to transporters of hazardous waste?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

VI. RECORDKEEPING and REPORTING  
(Part 262, Subpart D)

	Yes	No	NI*	Remarks
(A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<del>_____</del>
(B) Has the generator submitted Annual Reports and Exception Reports as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

VII. INTERNATIONAL SHIPMENTS  
(Part 262, Subpart E)

Has the installation imported or exported Hazardous Waste?                    N/A \_\_\_\_\_

(If answered Yes, complete the following as applicable.)

1. Exporting Hazardous waste, has a generator:				
a. Notified the Administrator in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>
b. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Met the Manifest requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Importing Hazardous Waste, has the generator:				
Met the manifest requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

\*Not Inspected

**RECEIVED**  
**SEP 23 1986**  
**IEPA-DLPC**

X  
TRANSPORTER REQUIREMENTS  
40 CFR Part 263

Complete this Section if the owner or operator transports hazardous waste.

I. MANIFEST SYSTEM AND RECORDKEEPING  
(Subpart B)

	Yes	No	NI*	Remarks
Are copies of the completed manifests or shipping paper(s) available for review and retained for three years?	<u>  X  </u>	<u>    </u>	<u>    </u>	<u>Does not transport a regulable amount</u>

II. INTERNATIONAL SHIPMENTS

A. Does the transporter record on the manifest the date the waste left the U.S.?	<u>    </u>	<u>  N/A  </u>	<u>    </u>	
B. Are signed completed manifest(s) on file?	<u>    </u>	<u>    </u>	<u>    </u>	

V. MISCELLANEOUS

A. Does transporter transport hazardous waste into the U.S. from abroad?	<u>    </u>	<u>  ✓  </u>	<u>    </u>	
B. Does the transporter mix hazardous waste of different DOT shipping descriptions by placing them into a single container?	<u>    </u>	<u>  ✓  </u>	<u>    </u>	

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must comply with the Generator regulations.

\*Not Inspected

RECEIVED  
SEP 23 1986  
IEPA-DLPC



## SUMMARY OF VIOLATIONS

# IEPA-DLPC

## REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

Belvedere Company manufactures a complete line of beauty salon furnishings. Lead dust waste is the largest hazardous waste stream, generated from the enameling of sinks. Waste paint related materials, chlorinated solvents and nickel and chrome plating wastes are also generated. See the attached Disposition of Hazardous Waste form for more information.

Another, newer, Belvedere Company building is located along the highway about one mile away. The newer building is used mainly for painting. Paint wastes are transported from the new building to the main facility by Belvedere Company. These wastes are evidently not generated at a significant rate, so no manifest is needed. Due to time constraints, the new building was not inspected and actual wastes and quantities generated were not investigated.

Belvedere Company has stored hazardous wastes longer than 90 days, so is regulated as a container storage facility, even though they notified as a generator only. A Non-Filer form has been prepared. See the attached page for a summary of violations.

PML/tl

RECEIVED  
SEP 23 1986  
IEPA-DLPC